

HEALTH GAINS IN THE STATE

Arkansas Tobacco Settlement Commission Quarterly Report: July – September 2017

- UAMS Centers on Aging (UAMS-COA)
- Arkansas Biosciences Institute (ABI)
- Fay W. Boozman College of Public Health (COPH)
- Tobacco Settlement Medicaid Expansion Program (TS-MEP)
- Tobacco Prevention & Cessation Program (TPCP)
- Minority Health Initiative (MHI)
- UAMS East Regional Campus



EDUCATION

Through community and school-based programs, professional development opportunities, and other educational events, ATSC-funded programs reach thousands of Arkansans each quarter.

48,631

Community Members
& Health Professionals
Educated—including
12,101 Youth

UAMS Centers on Aging offers an educational session, Healthy Living for your Brain, at the Schmieding Center in Springdale.



UAMS East Regional Campus offers CHAMPS, a pre-health professions program for youth interested in health careers.



Minority Health Initiative sub-grantees host a Back to School Health Fair and the Girls Empowerment Conference.



Tobacco Prevention & Cessation Program: Working with education partners across the state.



UAMS Fay W. Boozman College of Public Health

Through consultations, partnerships and dissemination of knowledge, the **College of Public Health** serves as an educational resource for Arkansans. Faculty engaged in 39 educational activities this quarter.



SERVICE



6,836

Preventive Health Screenings

4,819

Health Clinic & Nursing Home Encounters

UAMS Centers on Aging

21,861

Exercise Encounters

UAMS Centers on Aging & UAMS East Regional Campus

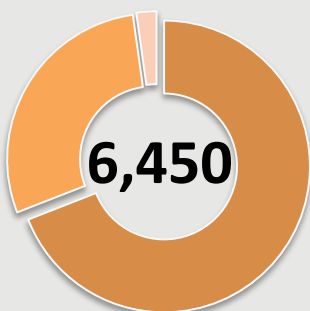
UAMS East at Lake Village offers worksite wellness screenings for McGehee School District.



Minority Health Initiative sub-grantee, Arkansas Human Development Corporation, provides health screenings at local health fair.



The **Tobacco Settlement Medicaid Expansion Program** covered 6,450 eligible Arkansans, providing vital services to pregnant women, senior citizens, and those enduring extended hospital stays.



- EXTENDED HOSPITAL COVERAGE - 4,455
- SENIORS - 1,852
- PREGNANT WOMEN - 143



The **Tobacco Prevention & Cessation Program** and the Minority Initiative Sub-Recipient Grant Office implemented 18 new smoke-free/tobacco-free policies across the state.

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RESEARCH

UAMS

Fay W. Boozman
College of Public Health



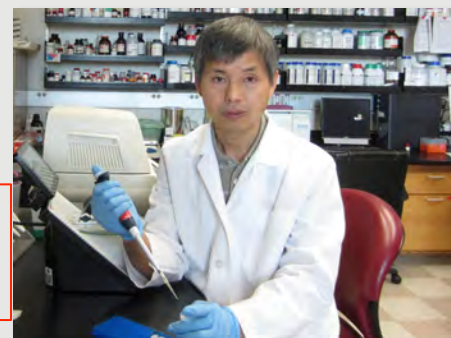
Dr. Pebbles Fagan, director of the Center for the Study of Tobacco at the **College of Public Health**, recently published a monograph focusing on the complex issue of smoking. "What's unique about this monograph, is that it's the first comprehensive document to focus on tobacco-related health disparities since the publication of the 1998 surgeon general's report on tobacco and minorities," Fagan said.



188
Research projects under
Arkansas Biosciences Institute
in FY17.



ABI: Dr. Martin Hauer-Jensen, Professor, and Dr. Marjan Boerma, Associate Professor, both in the Department of Pharmaceutical Sciences at UAMS.



ABI: Dr. Xiaolun Sun, Assistant Professor of Poultry Science, at the University of Arkansas.



ECONOMIC IMPACT

\$4.23 million

Total claims paid for
TS-MEP populations

\$2.39 million

To TS-MEP in federal
Medicaid matching funds



Arkansas Biosciences Institute

leveraged **\$4.17**
for every ATSC dollar in FY17.

In FY17, the **College of Public Health** reported leveraged funds of

\$5,298,029.

This quarter, **UAMS-Centers on Aging** leveraged

\$832,028.

UAMS East Regional Campus provided prescription assistance to 256 people totaling savings of

\$190,842.



Arkansas Tobacco Settlement Commission

101 East Capitol Avenue, Suite 108,
Little Rock, AR 72201

501.683.0072 -- <http://www.ATSC.Arkansas.gov>

TESTIMONIALS

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- **UAMS-Centers of Aging:** COA Northeast BSN student: "Throughout this summer, I have seen so many wonderful things with the Hartford Extern program that I would not have the opportunity to do on my own. I enjoyed my time in Jonesboro and getting to see all that there is to offer the older adult population in your community. I learned so much this summer and I know that it will all help me so much as I continue my education at UAMS."
- **ABI:** "The Proteomics Core is an **amazing resource available for all ABI investigators**. Their team is able to analyze a number of things that a single investigator simply does not have the resources for," says ABI Director Robert McGehee. "Imagine a field with a thousand haystacks, all identical except one that has a few more pieces of straw than all the others," McGehee says. "First you must identify that particular haystack, and then find the needle in it. And you only have a few hours to do it."
- **COPH:** Pebbles Fagan, PhD, MPH, director of the Center for the Study of Tobacco recently published a monograph focusing on the complex issue of smoking and why some population groups are more likely to smoke than others as well as what strategies may help them quit. "What's unique about this monograph, is that it's the **first comprehensive document to focus on tobacco-related health disparities since the publication of the 1998 surgeon general's report on tobacco and minorities**," Fagan said. For Fagan, the most significant conclusion derived from the monograph centers on the varying speeds in which some groups benefit from declines in tobacco use versus others. "Overall, **tobacco use has declined**, and we have evidence that shows which practices have effectively influenced this trend. This includes such things as cigarette taxes that increase the cost of the product or receipt of advice to quit smoking from a health provider such as a doctor or dentist, as well as statewide policies that prohibit smoking in the workplace, restaurants, and bars," she said.
- **TS-MEP:** There are no testimonials from TS-MEP to report this quarter, but the program continues to **serve thousands of Arkansans each quarter**, including pregnant women, seniors, and adults experiencing extended hospital stays.
- **TPCP:** At the request of several patients from Baptist Health, UAMS, and CARTI who expressed a need for continued support to stay tobacco free, **tobacco treatment specialists from these organizations created the Next Step group**. This group meets the second Thursday of each month at 900 John Barrow Road with facilitation rotated amongst UAMS and Baptist staff. These services are provided at no cost by Baptist Hospital.
- **MHI:** An attendee at an outreach initiative targeting adolescent girls commented, "**Thank you for the conference and for letting us know for ourselves who we truly are** and that we do not have to settle for unsafe sex that leads to pregnancy and AIDS." A participant at another outreach event (dental screenings and immunizations) commented, "I think this is a great program! My kids are getting dental screenings and immunizations. It's neat that we can come and get these all done in one day. **I will definitely be here next year.**"
- **UAMS East Regional Campus:** Dr. Marcia Byers, Director of Nursing Quality, UAMS Regional Programs: "**Absolutely perfect!** I wish I could work with you there! I am proud of everything you all do. Your site visit was nothing short of perfect! **You and your team are changing lives** more than perhaps any other AHEC we have."

**Independent Evaluation of the Arkansas Tobacco Settlement
Commission Funded Programs**

July - September 2017 Quarterly Report

Indicator Activity

Prepared by

**Arkansas Tobacco Settlement Commission Evaluation Team at the
University of Central Arkansas**

Presented to

Arkansas Tobacco Settlement Commission

Report Prepared February 2018

Arkansas Tobacco Settlement Commission Evaluation Team at the University of Central Arkansas

Emily Lane, MFA

Project Manager

Ed Powers, PhD

Evaluator: UAMS Centers on Aging (UAMS-COA)

Betty Hubbard, EdD, MCHES

Evaluator: Arkansas Biosciences Institute (ABI)

Ron Bramlett, PhD

Evaluator: College of Public Health (COPH)

Denise Demers, PhD, CHES

Evaluator: Arkansas Minority Health Initiative (MHI)

Janet Wilson, PhD

Evaluator: Tobacco Prevention and Cessation Program (TPCP)

Joseph Howard, PhD

Evaluator: Tobacco Settlement Medicaid Expansion Program (TS-MEP)

Jacque Rainey, DrPH, MCHES

Co-PI

Administrator & Evaluator: UAMS East Regional Campus

Rhonda McClellan, EdD

Co-PI

Qualitative Report

Emily Harris, MPH

Graduate Assistant

Qualitative Report

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Special Thanks

The evaluation team at the University of Central Arkansas would like to thank all who participated in this evaluation, including commission members, program directors, and coordinators. We appreciate the time and effort each program has made in improving the health of Arkansans.

Commissioners

John Henderson, MD

Commission Chair
Physician, Unity Health
Speaker of the House
Appointee

Alex Johnston

Commission Vice Chair
Director of Rural Services,
Arkansas Economic Development
Commission
AEDC Permanent Designee

Andrea Allen

Commission Executive Committee
Member
Deputy Director, Arkansas State
University Delta Center for
Economic Development
Governor Appointee

Roddy Smart Lochala, DO

Commissioner
Physician, Family Practice
Clinic
Attorney General Appointee

Nathaniel Smith, MD, MPH

Commissioner
Director and State Health Officer,
Arkansas Department of Health

Jerri Clark

Commissioner
Director of School Health Services,
Arkansas Department of Education
ADE Permanent Designee

Ken Knecht, MD

Commissioner
Physician, Arkansas
Children's Hospital
Senate President Pro
Tempore Appointee

Mary Franklin

Commissioner
Director of Division of County
Operations, Arkansas Department of
Human Services
DHS Permanent Designee

Nick Fuller

Commissioner
Deputy Director, Arkansas
Department of Higher Education
ADHE Permanent Designee

Commission Staff

Matt Gilmore

Executive Director

UAMS Centers on Aging Indicator Activity

Program Description: The purpose of the UAMS Centers on Aging (UAMS-COA) is to address one of the most pressing policy issues facing this country: how to care for the burgeoning number of older adults in rural community settings. The overall goal is to improve the quality of life for older adults and their families through two primary missions: an infrastructure that provides quality interdisciplinary clinical care and innovative education programs.

Overall Program Goal: To improve the health of older Arkansans through interdisciplinary geriatric care and innovative education programs and to influence health policy affecting older adults.

Long-term Objective: Improve the health status and decrease death rates of elderly Arkansans as well as obtain federal and philanthropic grant funding.

- Indicator: Provide multiple exercise activities to maximize the number of exercise encounters for older adults throughout the state.
 - Activity: A total of 4,847 exercise encounters with aging Arkansans were facilitated by UAMS-COA during this reporting period. Multiple exercise opportunities have been offered at a broad range of times and across many counties in the state. This indicator has been met.
- Indicator: Implement at least two educational offerings (annually) for evidence-based disease management programs.
 - Activity: UAMS-COA continues to offer evidence-based educational offerings that address a range of health issues related to aging. This quarter, a total of 29,493 education encounters were counted across various events and communities throughout Arkansas. Much of the education this quarter was aimed at managing diabetes and understanding dementia. This indicator has been met.
- Indicator: On an annual basis, UAMS Centers on Aging will obtain external funding to support programs in amounts equivalent to ATSC funding for that year.

- Activity: UAMS-COA and its affiliates continue to be productive in securing external funding. Approximately \$520,160 in external funding was raised from two grants to support UAMS-COA programming this reporting period (Schmieding Home Caregiver Training Grant and the Oklahoma Healthy Aging Sub-award). In addition, UAMS-COA estimates the value of its volunteer and in-kind space donations at approximately \$68,138 this reporting period. Finally, The COA in Hot Springs received \$243,730 from the Oaklawn Foundation this quarter and expects to continue receiving similar quarterly funding in the future. Total external monetary funding and other donations to UAMS-COA are valued at \$832,028 during this reporting period. These grants and donations amount to more than double the \$395,595 funding provided by ATSC during the quarter. This indicator has been met.

Short-term Objective: Prioritize the list of health problems and planned interventions for elderly Arkansans and increase the number of Arkansans participating in health improvement programs.

- Indicator: Assist local healthcare providers in maintaining the maximum number of Senior Health Clinic encounters through a continued positive relationship.
 - Activity: UAMS-COA recorded 4,272 Senior Health Clinic encounters and 547 nursing home encounters for a total of 4,819 health encounters during this reporting period. This indicator has been met.
- Indicator: Provide education programming to healthcare practitioners and students of the healthcare disciplines to provide specialized training in geriatrics.
 - Activity: UAMS-COA produced educational presentations and in-service training opportunities attended by 2,688 medical professionals and paraprofessionals during this reporting period. UAMS-COA also provided educational encounters with 1,743 healthcare students in the state. This indicator has been met.
- Indicator: Provide educational opportunities for the community annually.

- Activity: Through UAMS-COA, 20,215 community education encounters were generated across Arkansas during this reporting period. This indicator has been met.
- Indicator: On an annual basis, the UAMS Centers on Aging will develop a list of health problems that should be prioritized and education-related interventions that will be implemented for older Arkansans.
 - Activity: This fiscal year UAMS-COA plans to dedicate much of its educational focus to three health problems: dementia, food insecurity, and diabetes. These priorities emerged from a strategic planning process in the summer of 2017. Emphasis on these three priorities is evident in the educational opportunities offered through the Centers on Aging during this quarter. This indicator has been met.

Challenges: Ongoing transitions in the national healthcare model continue to impact the clinical side of this agency’s mission. UAMS-COA is seeking better ways to ensure that seniors in Arkansas have the best possible access to healthcare services. The agency continued to challenge itself this quarter to develop strategies for increasing participation among rural seniors in the state. Concern over the sustainability of the Schmieding Home Caregiver training program remains since funds to support this program will expire in a few years. Extending services to rural populations of the state has long been a point of emphasis and will continue to be a priority of the COAs. However, the three most vital challenges this quarter are that the leadership at UAMS-COA has changed, the name of the agency has changed (formerly this agency was known as the Arkansas Aging Initiative), and some of the core evaluation metrics have been modified. As a result of these challenges, larger portions of agency resources have been expended on rebranding the agency and reevaluating data collection schemes related to UAMS-COA activities. Overall, the agency has done a fine job addressing key challenges and translating them into better opportunities to serve senior adults in Arkansas.

Opportunities: During this reporting period, UAMS-COA was able to offer at least minimal services to residents in 69 of the 75 counties in Arkansas. Further, the agency continues to advance their approach to technology through the use of Blackboard Collaborate to facilitate

educational programming throughout the state. Also related to advancing the use of technology, UAMS-COA is working to create a new database that will make it easier to track activities and services provided to support seniors across the state. Finally, it is important to note that UAMS-COA is capitalizing on opportunities to establish or sustain a number of partnerships that contribute positively to the health of older Arkansans. For example, in this quarter:

- Expanded statewide networks and partnerships with Walgreen's to promote community education and health promotion and prevention activities;
- Sustained partnerships with the Arkansas Department of Health, the Arkansas Coalition for Obesity Prevention, and the Hunger Relief Alliance for the purpose of addressing food insecurities among older Arkansans;
- Sustained partnerships with the Arkansas Healthcare Association, Arkansas Quality Partners, and with the Alzheimer's Association for the purposes of securing better outcomes among older Arkansans living with dementia;
- Continued work developing the curriculum for training and certifying in-home caregivers in Arkansas.

Testimonials: COA participants report a number of positive outcomes illustrating the impact of the agency on individual lives. Here are a few examples of what people are saying about UAMS-COA programming:

- West Central COA-Ageless Grace: "My husband and I have attended all the chair exercise classes and have noticed our joints are moving better. Muscles have relaxed quite a bit and still helping. So glad to have the classes available to us."
- South Central COA: "This [program] has helped me to find a way to deal with the changes that have happened because of my husband's diagnosis."
- COA Northeast BSN student: "Ms. Abel, Thank you so much for your time this summer and showing us around your center. Throughout this summer, I have seen so many wonderful things with the Hartford Extern program that I would not have the opportunity to do on my own. I enjoyed my time in Jonesboro and getting to see all that there is to offer the older adult population in your community. I learned so much this summer and I know that it will all help me so much as I continue my education at UAMS."

- Texarkana COA: "Both the children and older adults enjoyed participating in the intergenerational camp, and we look forward to having it again next year!"

Evaluator Comments: As the bulk of evidence indicates, UAMS-COA continues to advance the state's agenda for successful senior health services, knowledge, and programming. During this reporting period, the agency continued senior health improvement efforts by:

- Providing a broad range of educational and exercise opportunities to seniors in the state;
- Raising awareness of key senior health issues among Arkansas healthcare providers;
- Focusing on dementia care and building dementia-friendly communities;
- Raising awareness about food insecurity among seniors;
- Developing senior home healthcare training and resources;

Overall, with respect to primary goals, UAMS-COA exceeds performance expectations. All evidence seems to indicate that the agency is maintaining momentum toward its long-term goals and remains enthusiastic about its mission.

Arkansas Biosciences Institute Indicator Activity

Program Description: Arkansas Biosciences Institute, the agricultural and biomedical research program of the Tobacco Settlement Proceeds Act, is a partnership of scientists from Arkansas Children's Hospital Research Institute, Arkansas State University, the University of Arkansas-Division of Agriculture, the University of Arkansas, Fayetteville, and the University of Arkansas for Medical Sciences. ABI supports long-term agricultural and biomedical research at its five member institutions and focuses on fostering collaborative research that connects investigators from various disciplines across institutions. ABI uses this operational approach to directly address the goals as outlined in the Tobacco Settlement Proceeds Act, which is to conduct:

- Agricultural research with medical implications;
- Bioengineering research that expands genetic knowledge and creates new potential applications in the agricultural-medical fields;
- Tobacco-related research that identifies and applies behavioral, diagnostic, and therapeutic knowledge to address the high level of tobacco-related illnesses in Arkansas;
- Nutritional and other research that is aimed at preventing and treating cancer, congenital and hereditary conditions, or other related conditions;
- Other areas of developing research that are related or complementary to primary ABI-supported programs.

Overall Program Goal: To develop new tobacco-related medical and agricultural research initiatives to improve the access to new technologies, to improve the health of Arkansans, and to stabilize the economic security of Arkansas.

Long-term Objective: The institute's research results should translate into commercial, alternate technological, and other applications wherever appropriate in order that the research results may be applied to the planning, implementation, and evaluation of any health-related programs in the state. The institute is also to obtain federal and philanthropic grant funding.

- Indicator: The five member institutions will continue to rely on funding from extramural sources with the goal of increasing leverage funding from a baseline of \$3.15 for every \$1.00 in ABI funding.

- Activity: During FY 2017, ABI received approximately \$10 million. Using these funds, the five member institutions successfully leveraged an additional \$41.7 million, which translates to \$4.17 for every dollar in ABI funding. This indicator has been met.
- Indicator: ABI-funded research will lead to the development of intellectual property, as measured by the number of patents filed and received.
 - Activity: ABI researchers were awarded four patents and had 18 filings and provisional patents during FY 2017. This indicator has been met.
- Indicator: ABI-funded research will result in new technologies that generate business opportunities, as measured by the number of start-up enterprises and public-private partnerships with ABI and member institutions to conduct research.
 - Activity: During FY 2017, ABI researchers helped to initiate one new start-up enterprise. This indicator has been met.
- Indicator: ABI will promote its activities through various media outlets to broaden the scope of impact of its research.
 - Activity: In FY 2017, there were 130 media contacts regarding ABI-supported research projects provided through media outlets (e.g., newspaper articles, news conferences, press releases, and television/radio). This indicator has been met.

Short-term Objective: The Arkansas Biosciences Institute shall initiate new research programs for the purpose of conducting, as specified in § 19-12-115, agricultural research with medical implications, bioengineering research, tobacco-related research, nutritional research focusing on cancer prevention or treatment, and other research approved by the board.

- Indicator: ABI will allocate funding to its five member institutions to support research, while also monitoring that funded research activities are conducted on time, within scope, and with no overruns.
 - Activity: For FY 2017, there were 188 new and ongoing research projects covering all five areas of research. This indicator has been met.
- Indicator: ABI and its member institutions will systematically disseminate research results, and ensure that at least 290 publications and 370 presentations are delivered each

year. These include presentations and publications of results, curricula, and interventions developed using the grant funding, symposia held by investigators, and the creation of new research tools and methodologies that will advance science in the future.

- Activity: For FY 2017, 601 publications and 660 presentations were made by ABI-supported investigators. In addition, there were five new/improved research methods/tools reported. This indicator has been met.
- Indicator: Employment supported by ABI and extramural funding will increase from a baseline of 300 full-time equivalent (FTE).
 - Activity: During FY 2017, 289 jobs were supported by ABI and the extramural funding obtained by ABI researchers. The number of full-time employees fell short of the benchmark by 11 positions. While the indicator, technically, has not been met, ABI continues to support hundreds of jobs.
- Indicator: ABI will facilitate and increase research collaboration among member institutions, as measured by both ABI and extramural funding of research projects that involve researchers at more than one member institution.
 - Activity: For FY 2017, there were 188 new and ongoing ABI research projects at the five institutions. Twenty-eight percent of those are collaborative research efforts conducted with other researchers within ABI institutions. This indicator has been met.

Challenges: As research funding on the national level shrinks, the number and scope of research projects related to ABI also contract. Over time, these contractions adversely impact ABI research investigators at the five member institutions. Because the research supported by ABI is long-term and large-scale, investigators rely heavily on several different funding sources, not just ABI funding.

Opportunities: ABI-supported research investigators continue to look for collaborative opportunities. With most of the large research challenges that the investigators attempt to address—like obesity, heart disease, and cancer, it takes a team of diverse disciplines to tackle these issues. ABI-supported research investigators have had successes in larger research awards from NIH, USDA, and NSF when they have presented a collaborative approach.

Testimonials:

- **ABI Fall Symposium, Reflections from Student Researchers**

Undergraduate students at ASU-Jonesboro, Jedidiah Whitt and ChrisTina Okolo, presented a poster at the symposium. Whitt and Okolo's research is focused on the development of halogenated pyrazole-based antimicrobial agents. Jedidiah reflected on his experience with ABI, "ABI has really helped us do some things that we wouldn't have been able to do otherwise. Some of the work we do is in the Lab Sciences building at school, but if it wasn't for the actual ABI building and their equipment, we wouldn't have the resources to do most of our research. It's been a really good opportunity to participate in research and make some nationally recognized researchers take notice." ChrisTina agreed that their research could not be done without ABI, "The equipment at ABI is state of the art, and sometimes I don't want to touch something or use it because I don't want to break it! Haha. But everyone is really good about teaching us how to use things, and I feel really supported by everyone at ABI."

PhD student at the University of Arkansas at Fayetteville, Shantae Wilson, also presented her research during the poster session. Shantae's work is funded under a grant from ABI and it explores the selectivity of infrared treatment on inactivation of fungi on corn. Shantae explained, "Our research is about infrared technology to see if using infrared can selectively kill or slow down the growth of microtoxins that are affecting food, especially corn because it is such a staple food for animal feed." Shantae continued, "Corn has a lot of microtoxin contamination, and that creates a decrease in sales for farmers. So our goal is to push the data out to the farmers and do outreach in the community and through the extension offices. I give a lot of thanks to ABI for funding this project that will help us make big strides in this area and help our farmers."

- **The Proteomics Core Laboratory at the University of Arkansas for Medical Sciences - ABI Support for Core Laboratories**

Most people are familiar with genetics—the science of analyzing DNA, which produces the proteins we are made of—and of the vast amount of knowledge about heredity, wellness, and disease that has been gleaned in recent decades from breakthrough work in that field. The discipline of proteomics (think "protein-omics") builds on that work by helping researchers and clinicians understand what those genes are doing (or not doing) at a cellular and molecular level.

"The information of life is coded in DNA, and we have learned a tremendous amount," says Alan Tackett, PhD, co-director of the Proteomics Core at UAMS, including information

about how different proteins are made and how mutations occur. But there are limitations to focusing solely on DNA. “It’s just a code,” he says, for the production of proteins. “But it doesn’t necessarily tell you everything about what those proteins do, or whether or not they’re even present. You can’t study functional output.”

Proteomics uses analytical chemistry to assess what genes are actually producing—not just what they have the potential to produce—by measuring all the proteins in a cell at a given time; and, under the leadership of Tackett and his co-director Ricky Edmonson, PhD, the Proteomics Core Laboratory at UAMS is able to do this quickly, and at a very high volume.

“The Proteomics Core is an amazing resource available for all ABI investigators. Their team is able to analyze a number of things that a single investigator simply does not have the resources for,” says ABI Director Robert McGehee. “Imagine a field with a thousand haystacks, all identical except one that has a few more pieces of straw than all the others,” McGehee says. “First you must identify that particular haystack, and then find the needle in it. And you only have a few hours to do it.”

In addition to exploring the exciting possibilities proteomics holds for fighting many different types of cancers, the Core also analyzes tissues and protein samples from almost every disease state imaginable. Thanks to support from ABI, the Proteomics Core allows scientists and clinicians to do something that not too long ago was essentially impossible—measuring the thousands and thousands of proteins in diseased cells and trying to find the unique combination that will allow the problem-causers to be targeted and inhibited.

Evaluator Comments: Attendance at the Fall Research Symposium was a highlight for this evaluator. During the one-day event, participants had the opportunity to attend oral presentations that provided highlights of research conducted by ABI investigators. The research reports were wide-ranging and demonstrated the many ways in which funding from the Tobacco Proceeds Act is being used to advance and support health-related programs for Arkansans. Despite the decline in government funding, ABI continues to meet or perform above benchmarks for all key indicators. The continued growth in leveraged funds is particularly impressive. Given the ongoing success of ABI, investigators should continue their efforts to achieve the short-term and long-term objectives of this program.

Fay W. Boozman College of Public Health Indicator Activity

Program Description: The Fay W. Boozman College of Public Health (COPH) educates a public health workforce and advances the health of the public by investigating the causes, treatments, and prevention of human health problems. Preventing chronic disease and promoting positive health behavior is the most effective way to improve the health of all people. The College's mission of improving the health of all Arkansans is realized through teaching and research as well as service to elected officials, agencies, organizations, and communities. Examples of the complex health issues addressed include: improving the multiple dimensions of access to healthcare; reducing the preventable causes of chronic disease; controlling infectious diseases; reducing environmental hazards, violence, substance abuse, and injury; and promoting preparedness for health issues resulting from terrorist acts, natural disasters, and newly emerging infectious diseases.

Overall Program Goal: To improve the health and promote the well-being of individuals, families, and communities in Arkansas through education, research, and service.

Long-term Objective: Elevate the overall ranking of the health status of Arkansans.

- Indicator: Through consultations, partnerships and dissemination of knowledge, the COPH serves as an educational resource for Arkansans (e.g., general public, public health practitioners and researchers, and policymakers) with the potential to affect public health practice and policy – and population health.
 - Activity: Thirty-nine activities were conducted by COPH faculty who served as members, partners, representatives, volunteers, co-chairs, and consultants for groups and institutions with a focus on public health. Twenty-five of these activities were ongoing, three were quarterly, and four met monthly. The majority of these activities, 22, were statewide in scope; eight had a central Arkansas emphasis, and four had a national focus. COPH has met this indicator.
- Indicator: Faculty productivity is maintained at a level of 2 publications in peer-reviewed journals to 1 FTE for primary research faculty.

- Activity: Data for this indicator are provided in the October - December report.
- Indicator: Research conducted by COPH faculty and students contributes to public health practice, public health research, and the health and well-being of Arkansans.
 - Activity: Data for this indicator are provided in the October - December, January - March, and April - June reports.
- Indicator: COPH faculty, staff and students are engaged in research that is based in Arkansas.
 - Activity: Data for this indicator are provided in the October - December, January - March, and April - June reports.
- Indicator: The COPH makes courses and presentations available statewide.
 - Activity: Data for this indicator are provided in the October - December, January - March, and April - June reports.
- Indicator: Twenty percent of enrolled students come from rural areas of Arkansas.
 - Activity: Data for this indicator are provided in the October - December, January - March, and April - June reports.
- Indicator: Graduates' race/ethnicity demographics for whites, African American and Hispanic/Latinos are reflective of Arkansas race/ethnicity demographics.
 - Activity: One PhD degree was awarded to a White (non-Hispanic) student during the summer of 2017. Data from all four quarters will be used to determine if COPH is meeting its race/ethnicity demographics indicator.
- Indicator: The majority of alumni stay in Arkansas and work in public health.
 - Activity: The student who received a PhD plans to work in public health in Arkansas. Data from all four quarters will be used to determine if COPH is meeting this indicator, and this determination will be included in the 2016-2017 biennial evaluation report.

Short-term Objective: Obtain federal and philanthropic grant funding.

- Indicator: The COPH shall maintain a 1.5:1 ratio of total annual fiscal year extramural award funding to annual fiscal year tobacco settlement dollars.

- Activity: The fiscal data for July 1, 2016 through June 30, 2017 showed that \$2,529,886 was awarded to COPH from ATSC. Grants and contracts to COPH totaled \$5,298,029. The financial information that was provided by COPH indicated a 2.1:1 ratio of external funds to tobacco funds. COPH has met this indicator.

Challenges: An offer was made to an exceptionally strong candidate for the Director for the Center for Obesity Prevention and Governor Sydney S. McMath Endowed Chair for Obesity Prevention. The candidate agreed that the offer was extremely attractive, and he was very interested in accepting it. However, after extended discussions between the candidate and his spouse, the spouse indicated she was unwilling to move, and the candidate subsequently declined the offer due to his spouse's wishes. The search is now on hold pending UAMS budget discussions for FY19.

Opportunities: In late September, the College of Public Health received the Notice of Award for another five years of funding for the Arkansas Center for Health Disparities. The funding is over \$7 million for five years and will allow for research funding for the Center and three additional research projects per year. The funds will also be used to develop infrastructure for faculty and for postdoctoral mentoring and development. As a result the COPH will have additional opportunities for developing faculty, research, and pilot projects that will increase and enhance the College's ability to apply for additional federal funding.

Testimonials:

Holly Felix, PhD, an associate professor in the Department of Health Policy and Management had an article published on her research in finding care for elderly, obese people after hospitalization. Elderly, obese patients who have chronic conditions need their own care models to avoid complications that happen for a frustrating reason: often, when they are ready to leave the hospital, there is no place for them to go. "Older adults have not been immune from the obesity epidemic and are increasingly needing long-term care services," says co-author Holly Felix. Discharge staff from hospitals in Arkansas (which has one of the nation's highest obesity rates) and Pennsylvania (which has a high obesity rate) were surveyed to determine why it is difficult to find nursing home care for elderly, obese patients. Some of the barriers include

patient size, availability of appropriate equipment, and reimbursement. Failure to move patients who are severely obese out of hospitals into other care facilities has the potential to lead to poor outcomes associated with extended hospital stays. These include an elevated risk for harm and increased cost but this research will be informative to other researchers, policymakers, and practitioners in the obesity-related disparities of access to and quality of long-term care services.

Pebbles Fagan, PhD, MPH, director of the Center for the Study of Tobacco recently published a monograph focusing on the complex issue of smoking and why some population groups are more likely to smoke than others as well as what strategies may help them quit. Dr. Fagan's research interest is in reducing tobacco-related health disparities among underserved populations. Dr. Fagan and Dr. Linda Alexander of the West Virginia University School of Public Health asked more than 50 experts to contribute to the monograph looking at the impact, causes, and trends in tobacco-related health disparities. “What’s unique about this monograph, is that it’s the first comprehensive document to focus on tobacco-related health disparities since the publication of the 1998 surgeon general’s report on tobacco and minorities,” Fagan said, adding that while that report, titled “Tobacco Use Among U.S. Racial/Ethnic Minority Groups,” focused only on racial and ethnic minorities, this monograph encompasses a broader spectrum. “We include a focus on how issues such as poverty, educational attainment, and gender affect tobacco use. We also highlight some of the issues with the LGBTQ population, as recent studies have shown this group to have a higher use of tobacco than other groups,” she said.

For Fagan, the most significant conclusion derived from the monograph centers on the varying speeds in which some groups benefit from declines in tobacco use versus others. “Overall, tobacco use has declined, and we have evidence that shows which practices have effectively influenced this trend. This includes such things as cigarette taxes that increase the cost of the product or receipt of advice to quit smoking from a health provider such as a doctor or dentist, as well as statewide policies that prohibit smoking in the workplace, restaurants, and bars,” she said.

What remains to be answered is why some groups benefit from these practices—and gain the resulting health benefits—more quickly than others. The answer, Fagan said, may lie in part in the applicability of different interventions for various cultural groups and the social context in which the interventions occur for different groups. “While we know the practices that help people quit smoking, it remains to be seen if these practices work the same way for all groups or

if they need to be adapted in order to be effective across cultures,” she said. One of the groups significantly affected by smoking and tobacco-related disease is those who live in poverty. Research outlined in the monograph shows that social factors play a major role in this correlation and can run the gamut from cigarette ads at gas stations to the lack of primary care physicians in rural areas.

Arkansas and other states also have a long way to go in implementing comprehensive clean air policies for public places as well as encouraging families to restrict smoking in the home. These in-home practices are particularly important for African-American families, as they are twice as likely to be exposed to second-hand smoke in the home as other groups.

In addition to the dangers of smoking, the monograph also highlights the changing landscape of tobacco control, including the rise in popularity of e-cigarettes and other new products that heat, rather than burn, tobacco. For Fagan, the main takeaway message from all of the combined research is that regardless of any of the factors, tobacco use is dangerous. “There is no safe use of tobacco. That’s the most important message to communicate to all groups,” she said.

Evaluator Comments: The Fay W. Boozman College of Public Health continues activities that work toward its long-term objective—elevate the overall ranking of the health status of Arkansans. Data for each indicator were not collected this quarter because some of the data are collected during different quarters or on an annual basis. On the four indicators for which data were collected, COPH met their goals or are making progress on them.

Minority Health Initiative Indicator Activity

Program Description: The Arkansas Minority Health Initiative (MHI) was established in 2001 through *Initiated Act I* to administer the Targeted State Needs for screening, monitoring, and treating hypertension, strokes, and other disorders disproportionately critical to minority groups in Arkansas by 1) increasing awareness, 2) providing screening or access to screening, 3) developing intervention strategies (including educational programs) and developing/maintaining a database. To achieve this goal, the MHI's focus is on addressing existing disparities in minority communities, educating these communities on diseases that disproportionately impact them, encouraging healthier lifestyles, promoting awareness of services and accessibility within our current healthcare system, and collaborating with community partners.

Overall Program Goal: To improve healthcare systems in Arkansas and access to healthcare delivery systems, thereby resolving critical deficiencies that negatively impact the health of the citizens of the state.

Long-term Objective: Reduce death/disability due to tobacco, chronic, and other lifestyle-related illnesses of Arkansans.

- Indicator: To increase stroke awareness by one percent annually among minority Arkansans through screenings and educational events as measured by previous comparison beginning in FY2015.
 - Activity: During this quarter, MHI is making progress toward their goal by documenting 334 cholesterol screenings. They increased both the respondents notified of blood circulation problems (increased 3% from last year) as well as the number of Arkansans who have had their cholesterol checked (3.4% increase).
- Indicator: To increase hypertension awareness by one percent annually among minority Arkansans through screenings and educational events as measured by previous comparison beginning in FY2015.
 - Activity: MHI is making progress toward greater hypertension awareness in minority Arkansans. They raised the number of people notified of high blood pressure by 2.9%, totaling 41.9% of the population screened. Additionally, MHI

increased the number of respondents who receive advice on reducing or preventing high blood pressure to 54.4%, an increase of 3.4% from the previous quarter. MHI did this by requiring all 23 sponsorships and partnerships to provide health education materials at outreach initiatives. At the initiatives, 1,392 blood pressure screenings were documented. Lastly, MHI increased awareness by airing 31 “Know Your Number” television health education messages on three different channels in central and northwest Arkansas.

- Indicator: To increase heart disease awareness by one percent annually among minority Arkansans through screenings and educational events as measured by previous comparison beginning in FY2015.
 - Activity: During this quarter, 4,217 preventative screenings impacting heart disease were provided, including blood pressure, heart rate, cholesterol, glucose, height/weight, and BMI. Therefore, MHI is making progress toward this goal.
- Indicator: To increase diabetes awareness by one percent annually among minority Arkansans through screenings and educational events as measured by previous comparison beginning in FY2015.
 - Activity: Throughout this quarter, MHI increased the number of minority Arkansans who got tested for diabetes, and they are continuing to make progress toward their one percent increase in awareness. MHI documented 494 glucose screenings and 337 television health education messages focused on symptoms, warning signs, and advice on when to seek medical attention from a primary care physician.

Short-term Objective: Prioritize the list of health problems and planned interventions for minority populations and increase the number of Arkansans screened and treated for tobacco, chronic, and lifestyle related illnesses.

- Indicator: MHI will conduct ongoing needs assessments to determine the most critical minority health needs to target, including implementation of a comprehensive survey of racial and ethnic minority disparities in health and healthcare every five years.

- Activity: The initial Economic Cost of Health Inequalities report was completed in 2014. The next report is scheduled for 2019. MHI is making progress towards this indicator as they will begin data collection in 2018.
- Indicator: MHI will increase awareness and provide access to screenings for disorders disproportionately critical to minorities as well as to any citizen within the state regardless of racial/ethnic group.
 - Activity: MHI is on track with this goal. They continue to make progress by partnering with grassroots, nonprofit, government, and faith-based organizations, 23 this quarter, and offering events in 17 counties. This quarter, MHI documented 6,355 health screenings and had eight organizations request health education literature. They continue to provide multiple outreach events in person (i.e., Hypertension Project with UAMS, Tobacco Education Outreach) as well as through mass media (print, television, radio [Southern Ain't Fried Sundays] and social media [Childhood Obesity Awareness Month, Breastfeeding Awareness Month]). Their social media campaigns reached over 2,500 Facebook users for two Childhood Obesity Awareness campaigns, and over 250 people for #yestothebreast Breastfeeding Awareness.
- Indicator: MHI will develop and implement at least one pilot project every five years to identify effective strategies to reduce health disparities among Arkansans.
 - Activity: Plans are underway for another Camp iRock. Last year MHI hosted a reunion where 19 former participants who came back to recap nutrition, exercise, and screenings. Progress is being made towards this indicator.

Challenges: Minority Arkansans continue to see high rates of cardiovascular disease, and are ranked fifth highest in the nation. With heart disease remaining the number one cause of death in Arkansas, MHI continues to see challenges in educating minorities in rural counties and all throughout the state. However, MHI continues to provide awareness activities, screenings, and media outlets in an effort to decrease these staggering facts.

Opportunities: MHI continues to utilize the various grassroots, nonprofit, government, and faith-based organization opportunities throughout the state to increase awareness and screenings that reduce death/disability due to tobacco, chronic disease, and other lifestyle related illnesses.

Testimonials: This quarter, an attendee at an outreach initiative targeting adolescent girls commented, “Thank you for the conference and for letting us know for ourselves who we truly are and that we do not have to settle for unsafe sex that leads to pregnancy and AIDS.”

A participant at another outreach event (dental screenings and immunizations) commented, “I think this is a great program! My kids are getting dental screenings and immunizations. It’s neat that we can come and get these all done in one day. I will definitely be here next year.”

Evaluator Comments: With the perpetual increase in the vast array of outreach events, number of partnerships, screenings, and media coverage, it is certain that MHI will reach their indicator goals through the specified activities listed above. They remain committed to the health of all Arkansans, but specifically to minority Arkansans.

Tobacco Prevention and Cessation Program Indicator Activity

Program Description: The Arkansas Department of Health (ADH) Tobacco Prevention and Cessation Program (TPCP) includes community and school education prevention programs, enforcement of youth tobacco control laws, tobacco cessation programs, health communications, and awareness campaigns. The TPCP also sponsors statewide tobacco control programs that involve youth to increase local coalition activities, tobacco-related disease prevention programs, minority initiatives and monitoring, and evaluation. TPCP follows the Centers for Disease Control and Prevention (CDC) *Best Practices for Tobacco Control 2014* as a guide for program development. Outcomes achieved by Arkansas's TPCP include a reduction in disease, disability, and death related to tobacco use by preventing initial use of tobacco by young people, promoting quitting, eliminating exposure to secondhand smoke, and educating Arkansans about the deleterious health effects of tobacco use.

Overall Program Goal: To reduce the initiation of tobacco use and the resulting negative health and economic impact.

Long-term Objective: Survey data will demonstrate a reduction in numbers of Arkansans who smoke and/or use tobacco.

- Indicator: By March 2020, decrease the tobacco use prevalence (cigarette, smokeless, and cigar) in youth by 7% (a decrease from 32% to 29.6%) and tobacco use prevalence (cigarette and smokeless) in young adults (18-24) by 7% (a decrease from 27.7% to 25.8%). [Data Source: Youth Risk Behavior Surveillance System (YRBSS) 2013 & Behavioral Risk Factor Surveillance System (BRFSS) 2013].
 - Activity: No new quarterly data to report. YRBSS is published every two years and BRFSS is published every year.
- Indicator: By March 2020, decrease tobacco use among disparate populations (LGBT, Hispanics, African American, and Pregnant Women) by 2 percentage point change (Data Source: LGBT Survey, BRFSS, Vital Statistics Data).

- Activity: No new data to report. TPCP is on target for conducting the LGBT Survey during fall 2017, pending funding.
- Indicator: By March 2020, decrease smoking prevalence among youth by 10.5% (a decrease from 19.1% to 17.1%) and among adults (18 to 24 year olds) by 7.7% (a decrease from 23.9% to 22.1%) (Data Source: 2015 YRBSS, 2013 BRFSS).
 - Activity: No new quarterly data to report. However, previously reported 2015 youth smoking prevalence is at 15.7%, which indicates TPCP has met this goal. YRBSS is published every two years and BRFSS is published every year.

Short-term Objective: Communities shall establish local tobacco prevention initiatives.

- Indicator: By June 2017, 100 new smoke-free/tobacco-free policies will be implemented across Arkansas (Data Source: TPCP Policy Tracker).
 - Activity: On target to meet goal in FY18. TPCP exceeded this goal in FY17 with 157 new smoke-free/tobacco-free policies implemented across Arkansas. To date in FY18, 18 new policies have been implemented. TPCP contributed to the development of 12 new policies at four workplaces, five park/festival/farmer's markets, two faith-based agencies, and one multi-unit housing facility (which covers 182 units for approximately 400 residents). The Minority Initiative Sub-Recipient Grant Office (MISRGO) contributed to the development of six new policies at five workplaces and one faith-based agency.
- Indicator: By June 2017, decrease sales to minor violations from 11% to 9% (Data Source: FY2014 Arkansas Tobacco Control).
 - Activity: On target to meet goal in FY18. TPCP met this goal in FY17 with a non-compliance rate of 8.5%. In FY18, during this first quarter, there were 1,859 sales to minor compliance checks with 105 sales to minor violations. This is a non-compliance rate of 5.6%. Additionally this quarter, there were 13 educational sessions to tobacco retail owners and/or clerks with 364 attendees.
- Indicator: By June 2017, increase by 25% the proportion of youth and young adults up to age 24 who engage in tobacco control activities to include point of sale, counter

marketing efforts, and other advocacy activities to increase tobacco free social norms (Data Source: Youth Prevention Program Participation FY2014).

- Activity: On target to meet goal in FY18. TPCP exceeded this goal in FY17 with a 46% increase in youth and young adults involved in tobacco control activities (from a baseline of 1,026 to 1,493). In FY18, the baseline of 1,493, and a 25% increase, set the goal for youth and young adult involvement at 373. This quarter, the Project Prevent Youth Coalition reached 150 underserved youth (8-12 years old) through the Derek Lewis Foundation summer program. Additionally, 25 new advisors were recruited statewide to expand reach in rural areas as well as to increase the sustainability of the Coalition. See Appendix A for a map of the distribution of PPYC advisors.
- Indicator: By June 2017, increase Arkansas' quit rates for the Arkansas Tobacco Quitline from 28.9% to 29.7% (Data Source: ATQ FY2014 Evaluation Report, 7-month follow-up of multiple calls with NRT quit rate).
 - Activity: No new data to report. TPCP was unable to report data for FY17 because updated quit rates are unavailable until late fall 2017. Thus, there is no new data to report for the first quarter of FY18.
- Indicator: By June 2017, increase the number of callers to the Arkansas Tobacco Quitline to 300 for Hispanics; 3,200 for African-American; 500 for LGBT, and 150 for pregnant women (Data Source: ATQ Yearly Demographic Report, 2014).
 - Activity: On target to meet goal in FY18. TPCP was unable to meet this goal in FY17. To date in FY18, the number of reported callers to the Arkansas Tobacco Quitline is as follows: 56 Hispanics, 353 African Americans, and 98 LGBT.
- Indicator: By June 2017, decrease the overall rate of pregnant women reporting tobacco use during pregnancy from 14.9% to 13.9% (Data Source: 2014 Vital Statistics Data).
 - Activity: No new data to report. This short-term indicator duplicates the second long-term (which sets a 2% reduction of smoking prevalence among pregnant women from 14.9% to 12.9%). Because of the duplication, we will propose the deletion of this indicator when we seek approval in December for updated and new indicators.

- Indicator: By June 2017, increase number of healthcare providers, traditional and nontraditional, by 410 who have been reached by TPCP trainings (Data Source: FY2014 End of Year Summary Report).
 - Activity: On target to meet goal in FY18. In FY17, TPCP more than doubled their goal of training 410 healthcare providers with a total of 918 trained. In the first quarter of FY18, 385 healthcare providers were trained, including those working in the areas of nursing, medical, registered dietitians, allied health, mental health, and substance abuse.

Challenges:

- TPCP reports no challenges this quarter.

Opportunities:

- Dr. Gary Wheeler, ADH Chief Medical Officer, was recognized at the American Association of Physicians of Indian Origin (AAPI) Arkansas Chapter Annual Meeting held at the Statehouse Convention Center. Dr. Wheeler received an award for his tireless work on tobacco prevention and cessation across the state and for serving as an advocate for children’s health in Arkansas. The award was presented by former United States Surgeon General and ADH Director, Dr. Joycelyn Elders.
- *Ready. Set. Record.*, formerly known as Big Pitch Film Festival, kicked off in September. Big Pitch Film Festival was rebranded to better represent the goals of Project Prevent Youth Coalition (PPYC). *Ready. Set. Record.* goes beyond youth prevention. It calls for youth to become health advocates, promoting health choice as the first choice. Students in grades 8-12 are asked to create a video that advocates for change within their community. The students have the power to make the video about what is relevant to their community. By making action the focus of *Ready. Set. Record.*, it allows for the opportunity to build relationships in these communities, advocate for change, and use the power of the videos to create community buy-in as students advocate for better health outcomes.
- *Activate+* was implemented with the goal of recruiting 25 new facilitators. *Activate+* is a Project Prevent Youth Coalition (PPYC) program that was developed to recruit school

advisors throughout the state and provide a structure for PPYC to increase participation in rural areas. Within a month of announcing the program, *Activate+* exceeded projected outcomes as the number of advisors quickly filled up and a waiting list was initiated. Teachers attend a monthly statewide conference call meeting to report on activities, network, and seek technical assistance for future projects. Based on their efforts in youth recruitment, participation, and advocacy activities, teachers receive a stipend at the end of each school semester.

- Two TPCP staff and four statewide partners attended the CDC Tobacco Control Action Planning Academy. The academy was designed for key state tobacco control program staff and their non-governmental partners in breaking through barriers to progress tobacco control interventions. The training provided an opportunity for TPCP and partners to attend specialized skill building workshops such as: Mobilizing Coalitions, Message and Data Framing, Addressing Disparities and Promoting Health Equity, and Leading for Strategic Effectiveness.
- The Arkansas Tobacco Control Coalition (ArTCC) sent a letter to every Public Housing Authority in the state of Arkansas to offer technical assistance on the implementation of the smoke-free HUD rule. ArTCC is offering tools necessary to implement the protective policy, including facility assessment, tenant education, and policy drafting. The letter also included an information sheet about the services provided by ArTCC and contact information. See letter attached in Appendix B.
- Four PRIDE youth team members from El Dorado, participated in the National PRIDE Leadership Summit. They learned that their voices and actions have power to impact their peers and community stakeholders to bring about change.

Testimonials:

- At the request of several patients from Baptist Health, UAMS, and CARTI who expressed a need for continued support to stay tobacco free, tobacco treatment specialists from these organizations created the Next Step group. This group meets the second Thursday of each month at 900 John Barrow Road with facilitation rotated amongst UAMS and Baptist staff. These services are provided at no cost by Baptist Hospital.

- Continued youth prevention activities have helped reduce the youth smoking rate to 15.7% (last measured in 2015). These include counter-marketing in schools along with parent information. During this quarter, 70 school districts throughout Arkansas received school resources with anti-tobacco messages. Sherry Grimes, Counselor at Trice-Elementary stated, “Thank you so much for providing our school with the free Huddle folders. They will be distributed at the end of this week. We are promoting ‘living a tobacco free life’ in our school. We appreciate your support of the free folders and helping us spread positive messages.” Jason Selig, Principal of Oaklawn Visual and Performing Arts Magnet School, noted in a letter to TPCP: “On behalf of the students and teachers at Oaklawn Visual and Performing Arts Magnet School, I want to thank you for your donation of the free Huddle Folders. Our students, parents, and teachers love them. They not only make sending papers and important information home easy, but they also have a great message to spread to the students. We appreciate your thoughtfulness in your donation!”

Evaluator Comments: TPCP activities during the first quarter of the FY18 reflect a strong start, especially as seen by the indicators pertaining to implementing new smoke-free/tobacco-free policies across Arkansas, decreasing sales to minor violations, and increasing the number of trainings of healthcare providers. As of June 2017, however, each of the short-term indicators “expired.” Thus, TPCP Branch Chief Debbie Rushing and Evaluator Janet Wilson spent much time this quarter updating and revising indicators to better address the breadth of activities supported by TPCP funds. These new indicators will be reviewed for approval at the December 2017 meeting of the Arkansas Tobacco Settlement Commission.

Tobacco Settlement Medicaid Expansion Program Indicator Activity

Program Description: The Tobacco Settlement Medicaid Expansion Program (TS-MEP) is a separate component of the Arkansas Medicaid Program that improves the health of Arkansans by expanding healthcare coverage and benefits to targeted populations. The program works to expand Medicaid coverage and benefits in four populations:

- Population one expands Medicaid coverage and benefits to pregnant women with incomes ranging from 138–200% of the Federal Poverty Level (FPL);
- Population two expands inpatient and outpatient hospital reimbursements and benefits to adults age 19-64;
- Population three expands non-institutional coverage and benefits to seniors age 65 and over;
- Population four provides community and employment support services to eligible individuals with developmental disabilities.

The Tobacco Settlement funds are also used to pay the state share required to leverage federal Medicaid matching funds.

Overall Program Goal: To expand access to healthcare through targeted Medicaid expansions, thereby improving the health of eligible Arkansans.

Long-term Objective: Demonstrate improved health and reduce long-term health costs of Medicaid eligible persons participating in the expanded programs.

- Indicator: Demonstrate improved health and reduced long-term health costs of Medicaid eligible persons participating in the expanded programs.
 - Activity: With the implementation of the Arkansas Works program, more individuals will have health coverage beyond the TS-MEP initiatives. Therefore, the TS-MEP long-term impact will be limited compared to the influences outside of the TS-MEP. During this quarter, TS-MEP provided expanded access to health benefits and services for 6,465 eligible pregnant women, seniors, and qualified

adults. This is a slight decrease of 41 persons served over the previous quarter. Total claims paid for the TS-MEP populations this reporting period were \$4.23 million. Additionally, TS-MEP funds are also used to pay the state share required to leverage approximately 70% federal Medicaid matching funds. This amounted to nearly \$2.39 million in federal matching Medicaid funds during this quarter, which has a significant impact on health costs and health outcomes for the state of Arkansas. Progress is being made on this indicator.

Short-term Objective: The Arkansas Department of Human Services will demonstrate an increase in the number of new Medicaid eligible persons participating in the expanded programs.

- Indicator: Increase the number of pregnant women with incomes ranging from 138-200% of the FPL enrolled in the Pregnant Women Expansion.
 - Activity: During this quarter, there were 143 participants in the TS-MEP initiative Pregnant Women Expansion program. This was consistent with the number of participants from the previous quarter. This program provides prenatal health services for pregnant women with incomes ranging from 138–200% FPL. With the implementation of Arkansas Works and other healthcare options provided through the federally-facilitated marketplace for this population, a decline in the number of participants in the TS-MEP Pregnant Women Expansion program was anticipated. The TS-MEP funds for the Pregnant Expansion program totaled \$138,892 in this quarter. Progress is being made on this indicator.
- Indicator: Increase the average number of adults aged 19-64 years receiving inpatient and outpatient hospital reimbursements and benefits through the Hospital Benefit Coverage.
 - Activity: During this quarter, the TS-MEP initiative Hospital Benefit Coverage provided inpatient and outpatient hospital reimbursements and benefits to 4,455 adults aged 19-64 by increasing the number of benefit days from 20 to 24 and decreasing the co-pay on the first day of hospitalization from 22% to 10%. This is a decrease from 4,535 adults served in the previous quarter. TS-MEP funds for the Hospital Benefit Coverage totaled \$912,459. Progress is being made on this indicator.

- Indicator: Increase the average number of persons enrolled in the ARSeniors program, which expands non-institutional coverage and benefits for seniors age 65 and over.
 - Activity: The ARSeniors program expanded Medicaid coverage to 1,852 seniors during this quarter. This is an increase from 1,828 participants in the previous quarter. Qualified Medicare Beneficiary recipients below 80% FPL automatically qualify for ARSeniors coverage. Medicaid benefits that are not covered by Medicare are available to ARSeniors. Recipients received services in 40 different categories, most commonly in personal care services, durable medical equipment/oxygen, and eyeglasses. TS-MEP funds for the ARSeniors program totaled \$3,504,361 during this quarter. Progress is being made on this indicator.
- Indicator: Increase the average number of persons enrolled in the Developmental Disabilities Services, Community and Employment Supports (ECS Waiver) and note the number of adults and children receiving services each quarter by county.
 - Activity: During this quarter, the process to serve this population began. Based on the waitlist numerical order, the process of eligibility redeterminations was initiated for the first 500 individuals. Letters requesting information to redetermine eligibility for the program were sent out on July 21, 2017, with a follow-up on August 25, 2017, and a final letter on October 2, 2017. A total of 348 individuals responded to these letters with 120 individuals completing the process and being issued initial plans of care. The application of 76 individuals was pending due to the inability to re-establish eligibility based on the information submitted. Another 152 individuals were removed from the list because of non-response despite efforts to contact them. These efforts included phone calls to last known phone numbers in the system, a second verification of addresses through the ANSWER system, and home visits to last known address as verified by a crosscheck of the MMIS and the ANSWER systems. Progress is being made on this indicator.

Challenges: As a result of the implementation of the Arkansas Works program, traditional Medicaid expenditures have decreased. Many Medicaid-eligible adults aged 19-64 years old are covered by the Arkansas Works program and receive their coverage through Qualified Health

Plans in the individual insurance market. Arkansas Medicaid pays the monthly insurance premiums for the majority of these individuals. For the TS-MEP populations, Pregnant Women Expansion was expected to significantly decline as individuals are provided health coverage outside of TS-MEP. As of now, successful performance has been measured by growth in the number of participants in the TS-MEP initiatives. Arkansas Department of Human Services (DHS) may need to continue to explore new performance measurements for the TS-MEP initiatives as individuals are transitioning into new coverage groups.

Opportunities: The discontinuation of the TS-MEP initiative, ARHealthNetworks, provides the opportunity to support both the other three TS-MEP populations and the state's overall Medicaid efforts. In early 2017, Act 50 of the 91st General Assembly removed the discontinued population (ARHealthNetworks) and added the Division of Developmental Disabilities Alternative Community Services Waiver Waiting list as the new population four group. It is expected that this new funding will be extended to 500 individuals currently waiting for services. DHS has had the legislative authority for over 10 years to use any savings in the TS-MEP programs to provide funding for the traditional Medicaid program with the approval of the State's Chief Fiscal Officer. These savings are not used to provide any funding for the Arkansas Works program.

Testimonials: There are no testimonials for this quarter.

Evaluator Comments: TS-MEP has been impacted by the significant changes in the healthcare system. During this quarter, the three initial populations (Pregnant Women Expansion, ARSeniors, and Hospital Benefit Coverage programs) have remained stable, and there are no immediate plans to change these programs. However, as noted, legislation was passed to establish a new population (persons with developmental disabilities) to reduce the waiting list and provide community and home services for these individuals. The process to provide services to this population began during this quarter.

UAMS East Regional Campus Indicator Activity

Program Description: University of Arkansas Medical Sciences East Regional Campus provides healthcare outreach services to seven counties including St. Francis, Lee, Phillips, Chicot, Desha, Monroe, and Crittenden counties. UAMS East Regional Campus formerly known as the Delta Area Health Education Center (AHEC) and UAMS East, was established in 1990 with the purpose of providing health education to underserved populations in the Arkansas Delta region. The counties and populations served by UAMS East Regional Campus are some of the unhealthiest in the state with limited access to healthcare services being one of the challenges. As a result of limited access and health challenges, UAMS East Regional Campus has become a full service health education center with a focus on wellness and prevention for this region. The program has shown a steady increase in encounters with the resident population and produced a positive impact on the health and wellness of the region. Programs to address local health needs of residents are being implemented in partnership with more than 100 different agencies. The overall mission of UAMS East Regional Campus is to improve the health of the Delta's population. Goals include increasing the number of communities and clients served and increasing access to a primary care provider in underserved counties.

Overall Program Goal: To recruit and retain health care professionals and to provide community-based healthcare and education to improve the health of the people residing in the Delta region.

Long-term Objective: Increase the number of health professionals practicing in the UAMS East Regional Campus service areas.

- Indicator: Increase the number of students participating in UAMS East Regional Campus pre-health professions recruitment activities.
 - Activity: UAMS East Regional Campus has been attending various College/Career Fairs. These programs offer local high school students the opportunity to visit with various colleges and advisors to receive further information about specific colleges or careers. Over 1,100 students have attended

the 15 events attended by the Pre-Professions recruiter. UAMS East Regional Campus provided one health careers presentation to 27 students and three health explorers programs were held for 113 youth. Progress is being made on this indicator.

- Indicator: Continue to provide assistance to health professions students and residents, including RN to BSN and BSN to MSN students, medical students and other interns.
 - Activity: UAMS East Regional Campus supported four students in the RN/BSN program. There are two students in the UAMS MSN track, one student in nursing education, and one student in the Geriatric Nurse Practitioner track. Dr. Jackson, UAMS East Regional Campus, Advanced Practice Nurse, assisted as Adjunct Instructor for two MSN students. This indicator has been met.

Short-term Objective: Increase the number of communities and clients served through UAMS East Regional Campus.

- Indicator: Increase or maintain the number of clients receiving health screenings, referrals to primary care physicians, and education on chronic disease prevention and management.
 - Activity: Thirteen health screening events were held for 481 adults in five different cities. See Table 1 for number of abnormal results. UAMS East Regional Campus provides screenings, education, and referrals to local primary care providers if needed. UAMS East Regional Campus provided biometric health screenings to fifty University of Arkansas employees as part of the 2017 employee wellness program. UAMS East Regional Campus Lake Village partnered with Chicot Memorial Medical Center and Arkansas Prostate Cancer Foundation to provide PSA blood tests at Superior Uniform Group in Eudora. Twenty-two men participated in this free screening. Superior had participated in the Healing Hearts Worksite Wellness Initiative for the past several years. This initiative provides employees the opportunities and resources to engage in wellness behaviors and health risk reduction. UAMS East Regional Campus West Memphis provided free health screenings to participants at the Forrest City

Fishing Rodeo. UAMS East Regional Campus West Memphis also provided free health screenings to tenants living at the Forrest City Christopher Homes. Also, health screenings were provided to food pantry recipients at the Marianna Food Pantry. UAMS East Regional Campus West Memphis provided 59 free health screenings including blood pressure, cholesterol, and blood sugar. Progress is being made on this indicator.

Table 1. Abnormal Screening Results

Anemia - 0	Blood Pressure - 79	HIV - 0
BMI - 28	Cholesterol - 44	Glucose - 19
Waist Circumference - 20	Clinical Breast Exam - 0	

- Indicator: Maintain a robust health education promotion and prevention program for area youth and adults.
 - Activity: This quarter UAMS East Regional Campus provided health education promotion and prevention programs for a total of 12,398 youth and adults. There were 72 events held in nine cities for a total of 447 adults. For youth, there were 104 events held in five cities for a total of 11,951 youth. UAMS East Regional Campus Helena and Lake Village partnered with their local University of Arkansas, Cooperative Extension Services and Arkansas Hunger Relief Alliance to provide Cooking Matters programs for youth and adults. Programs were held in Lake Village, Helena, and Marvell. For over 20 years, Cooking Matters has empowered families with the skills to stretch their food budgets and cook healthy meals so their children get nutritious foods at home. As part of the No Kid Hungry campaign to end childhood hunger in America, Share Our Strength’s Cooking Matters teaches participants to shop smarter, use nutrition information to make healthier choices, and cook delicious, affordable meals. Also, this quarter UAMS East Regional Campus Helena hosted the Cooking Matters, Grocery Store Tour for 10 participants attending the Cooking Matters class. This quarter, 62 youth and adults participated in Cooking Matters courses. UAMS East Regional Campus Lake Village and the Guochoya Cultural Center made a difference in the

lives of 60 youth from Chicot County during their summer camp. UAMS East Regional Campus Lake Village provided healthy snacks and healthy lifestyle information to all participants. UAMS East Regional Campus Lake Village provided education to participants of the 15th Year Celebration for the Desha Hometown Health Committee. All three UAMS East Regional Campuses are offering the Kids for Health Program for students in kindergarten through sixth grade. To date, 12,756 youth have received health instruction. UAMS East Regional Campus Helena, West Memphis, and Lake Village taught American Heart Association Heartsaver® CPR certification courses to 24 adults. Also, UAMS East Regional Campus Helena and Lake Village taught Basic Life Support to 34 healthcare providers. UAMS East Regional Campus Helena, West Memphis, and Lake Village provided five Baby Safety Shower Events to 50 participants. UAMS East Regional Campus West Memphis provided a Co-Ed Baby Safety Shower. UAMS East Regional Campus Helena, West Memphis, and Lake Village provided 31 car seat installations by certified car seat technicians. Also, UAMS East Regional Campus continues to provide monthly breast cancer support groups to 15 women and recently held a car-wash fundraiser. All proceeds were donated to the local Relay for Life. UAMS East Regional Campus continues its partnership with Arkansas Autism Resource and Outreach Center. The Autism Support Group meetings are held monthly at UAMS East Regional Campus. The support group continues to grow as new families are informed about the project. UAMS East Regional Campus collaborated with Alzheimer's Arkansas to host the "Helena Hope for the Future" caregiver workshop and trade show followed by the Helena Alzheimer's Walk. The caregiver workshop trained about 25 healthcare workers/families. The walk was a great success with about 50 people in attendance. UAMS East Regional Campus expanded its Group Lifestyle Program, by adding an additional 16-week program for participants who need to come after working hours. The new class has seven group members who are losing weight and enjoying the program. The daytime Group Lifestyle class also began and has eight members. This indicator has been met.

- Indicator: Increase the number of clients participating in exercise programs offered by UAMS East Regional Campus.
 - Activity: This quarter, UAMS East Regional Campus Fitness Center encounters totaled 7,427. A total of 9,587 adults and youth participated in various exercise programs throughout the service area. UAMS East Regional Campus sponsored two 5K Walk/Run events for over 100 participants. Those events were held in Helena and Marianna. UAMS East Regional Campus Lake Village co-sponsored with Chicot Memorial Medical Center the 7th Annual Firecracker 5K. Forty-Eight participants either walked or ran the 5K course. UAMS East Regional Campus Lake Village and Helena promote exercise wellness through various outreach programs including PEPPI, Silver Sneakers, Zumba, Easy Does It, and Yoga. This quarter, UAMS East Regional Campus provided Zumba to 270 adults. Progress is being made on this indicator.
- Indicator: Provide crisis assistance to rape victims as needed.
 - Activity: The Delta Crisis Center received no hotline calls and no text messages from clients, potential partnerships, and possible referrals. During this quarter, the Delta Crisis Center serviced two ongoing clients in Crittenden County. In all, the Center was able to successfully impact the lives of 202 individuals this past quarter and provide counseling services to 10 potential new clients in West Memphis. The Delta Crisis Center Staff provided over 30 hours per week of client services via personal/mobile/electronic contact and 20 hours invested in planning, meeting, and training. This indicator has been met.
- Indicator: Increase or maintain the number of clients in Chicot and Phillips counties receiving prescription assistance.
 - Activity: This quarter, UAMS East Regional Campus Lake Village provided prescription assistance to 256 participants with 309 total prescriptions. The dollar amount saved totaled \$190,842.35. Progress is being made on this indicator.
- Indicator: Provide medical library services to consumers, students, and health professionals.
 - Activity: UAMS East Regional Campus Medical Resource Library provided support to healthcare professionals and students through literature searches and

teaching materials. This quarter, 38 nursing students and 48 healthcare professionals utilized the library. UAMS East Regional Campus Library also provided support to 1,984 consumers. UAMS East Regional Campus Library circulated 339 books and 262 audio-visual supplies, and 54 electronic searches were conducted. UAMS East Regional Campus Library also conducted 220 manual information requests. UAMS East Regional Campus Library provided Lee County Cooperative Clinic with various health education materials and models that are housed at their clinic. Those health education supplies were used in over 1,200 client education visits. UAMS East Regional Campus Library provided Helena Regional Medical Center birthing center with a DVD on epidurals for use with 26 maternity patients. UAMS East Regional Campus Library provided Phillips County Developmental Center with DVD training videos on bloodborne pathogens, infection control, and safe medications to train 30 CNA students. This indicator has been met.

- Indicator: Plan and implement a Rural Residency Training Track for Family Medicine in Helena, in partnership with UAMS South Central's residency program.
 - Activity: Remodeling has begun on the UAMS Family Medicine Clinic in Helena. The plans are to remodel existing office space into eight exam rooms, a lab area, two waiting rooms areas, a reception area and a nursing station. Dr. Thomas Bailey, a local family medicine physician, will join the staff on October 16th and the clinic has a tentative opening date of October 23rd. The Clinic will offer patient-centered medical home services such as weight loss, diabetes education, and the services of a registered dietician. Two access coordinators will be hired for the front desk as well as an LPN and a financial coordinator patient representative. Progress is being made on this indicator.
- Indicator: Provide targeted clinical care in Helena.
 - Activity: This indicator is on hold until the clinic opens.
- Indicator: Provide diabetes education to community members and increase the proportion of patients in the diabetes clinic who maintain an A1C below seven.
 - Activity: UAMS East Regional Campus provided 43 HbA1C tests to patients who are participating in the Diabetes Prevention Program. There were 13 elevated

HbA1C tests, above the goal of seven. UAMS East Regional Campus provided Group Diabetes Education to 41 clients in Helena, Brinkley, and Marianna. Also, UAMS East Regional Campus provided 33 one-on-one consultations to clients with the RD and APN. Progress is being made on this indicator.

Challenges: Challenges for this quarter include (1) training and implementation for the electronic medical records for the Family Medical Center and (2) securing staff for the Family Medical Center.

Opportunities:

- Dr. Becky Hall, Center Director for UAMS East Regional Campus, has been appointed by Vice Chancellor Sterling Moore to serve as a liaison between Regional Programs and State Legislators. Dr. Hall will be working closely with the UAMS Governmental Relations team. One of the first priorities will be the formation of a Regional Programs Caucus. The purpose of the Caucus will be to inform key legislators, from the eight Regional Program areas, of activities in the regions and to solicit help and advice from the legislators as to funding priorities.
- UAMS East Regional Campus is waiting on notification to see if they were awarded funding from the Walton Foundation for their teen pregnancy prevention program.
- The renovation of the new UAMS Family Medical Center (FMC) is nearing completion and plans are being made to open the FMC on October 23, 2017.
- UAMS East Regional Campus is planning the Grand Opening of the FMC for November 7, 2017 at 11 am.
- UAMS East Regional Campus was selected for a site visit from HRSA for our work with the AHEC POSME (Point of Service Maintenance and Enhancement) Grant, which helps support the Pre-Professional Recruiter position.

Testimonials:

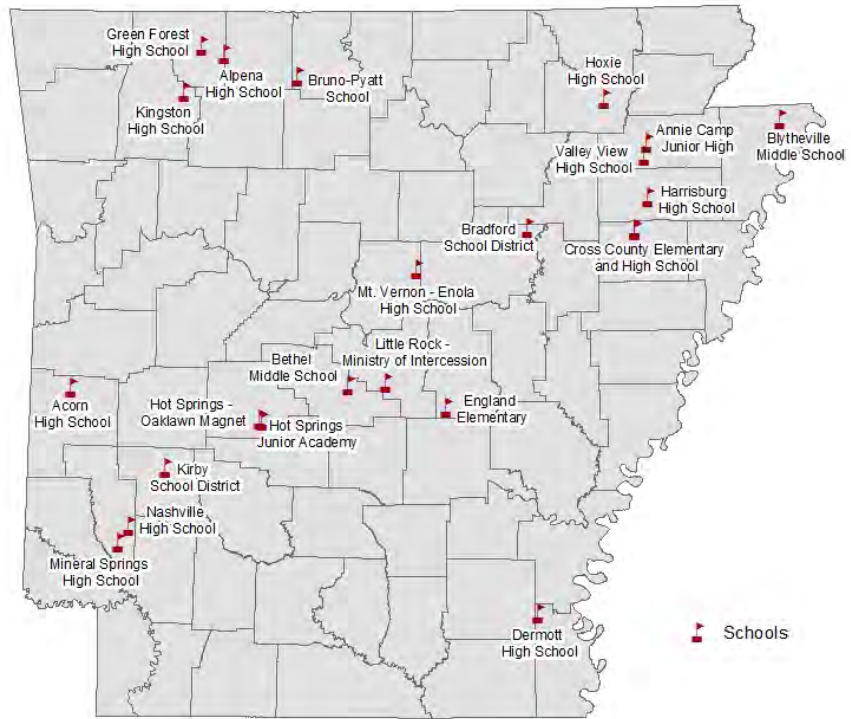
- Dr. Marcia Byers, Director of Nursing Quality, UAMS Regional Programs: “Absolutely perfect! I wish I could work with you there! I am proud of everything you all do. Your site visit was nothing short of perfect! You and your team are changing lives more than perhaps any other AHEC we have.”

- Cooking Matters Client: “Loved this program, the instructors and all the wonderful information and recipes.”
- K5 Teacher, Mrs. Kendrick: “The students were so excited to have Kids for Health start again. They absolutely love the program and the instructor.”

Evaluator Comments: The total number of encounters for the three UAMS East Regional Campus sites was 33,104. Progress is being made on all indicators. UAMS East Regional Campuses continue to provide health education and promotion services to improve the lives of residents in the Delta region. Additionally, they provide support to local healthcare providers and future healthcare providers through their library, recruitment activities, and educational workshops.

Appendix A:
Map of Distribution of PPYC Advisors

Project Prevent Youth Coalition Advisors, FY18



Date: September 2017
Source: Arkansas Department of Health

Appendix B:

Arkansas Tobacco Control Coalition Letter to Public Housing Authority



Dear

Did you know that tobacco is the leading cause of preventable death? Unfortunately, Arkansas has a 23.6% adult smoking rate according to the latest statistics from the National CDC BRFSS Survey. Smoking and the use of other tobacco products are still major contributors to the healthcare burden in Arkansas. Exposure to secondhand and thirdhand smoke is a serious public health issue.

The Arkansas Tobacco Control Coalition is excited to share the recent announcement by the U.S. Department of Housing and Urban Development (HUD), which will require all public housing agencies to go smoke-free. Now, more than two million Americans, from across the country, will have protection from exposure to secondhand smoke in their homes. This new HUD smoke-free policy applies to residential units as well as common areas. Implementation of this new policy provides protection for our most vulnerable population from the harmful effects of secondhand smoke, including for the nearly 760,000 children and more than 300,000 adults over the age of 62, nationwide. The Arkansas Tobacco Control Coalition strongly supports the new HUD policy and stands by to assist public housing authorities that go smoke-free.

In partnership with our tobacco control partners, the Arkansas Tobacco Control Coalition is offering technical assistance with implementation of smoke-free policies. The Arkansas Tobacco Control Coalition and our partners want to provide all the tools necessary to implement protective policies and preventative programs for your residents. We have resources that can assist you as you prepare to make changes to meet the HUD Ruling by July 2018, including facility assessment, tenant education, and policy drafting.

Implementing smoke-free policies will save money on property insurance and maintenance costs and result in a healthier environment for your tenants. Enclosed is a list of many valuable chronic disease resources available to residents across the Arkansas.

We will be reaching out over the next couple of weeks, however, feel free to contact us at ARTCC@lung.org or by calling 501-353-4249. Our services are offered at no cost to your facility. We look forward to visiting with you as you move to smoke-free multi-unit housing.

Sincerely,

Barbara Kumpe
Public Policy Manager
AR Tobacco Control Coalition

The Arkansas Tobacco Control Coalition/American Lung Association in Arkansas would like to take this opportunity to highlight the many valuable lung health resources available to residents across the State:

- **Arkansas State Quitline:** The Arkansas Tobacco Prevention and Cessation Program
Contact Information: 1-800-QUIT-NOW; 1-866-NOW-QUIT; <http://www.stampoutsmoking.com/>
Hours: 24 hours, Monday-Sunday
Eligibility to receive counseling: All tobacco users 13 and older. For medication: tobacco users 18 and over who are ready to quit within 30 days.
Medications provided:
✓Nicotine Gum ✓Nicotine Patch ✓Nicotine Lozenge

The Arkansas Tobacco Quitline is available seven days a week, 24 hours a day. Services are available in English, Spanish and other languages as needed, including Marshallese.

- **Asthma Basics-** This free one-hour online learning tool designed to help people learn more about asthma is for ideal for adults with asthma, parents of children with asthma, community health educators, healthcare professionals, etc. To learn more, visit <http://www.lung.org/asthmabasics>. Asthma Basics is also available in Spanish, <http://www.lung.org/asthma-basics-espanol>.
- **On-Site Cessation Services-** Although HUD will not directly provide cessation assistance, HUD is recommending partnering with both local and national smoking cessation resources in order to meet the needs of their residents such as the following:
 - **Freedom From Smoking®-** The American Lung Association's Freedom From Smoking® program is a tobacco cessation program that utilizes techniques based on pharmacological and psychological principles and methods designed to help tobacco users gain control over their behavior. This program includes a comprehensive variety of evidence-based cessation techniques and can be conducted on-site with adequate space. Information for these services are available at <http://www.ffsonline.org/>
 - **Healthy Home Website-** These HUD recommended resources are available at http://portal.hud.gov/hudportal/HUD?srcs/program_offices/healthy_homes/hh:
 - **Medicare Tobacco Cessation Services-** Medicare covers the cost of tobacco cessation services and prescription cessation medications, although coverages vary from state to state. For information on these services, visit <https://www.medicare.gov/coverage/smoking-and-tobacco-use-cessation.html>
 - **Technical Assistance for Implementation Activities-** Available resource that provide technical assistance for the following implementations:
 - **Smokefree Policies in Multi-Unit Housing - Steps for Success-** The American Lung Association worked with experts around the United States to develop an online curriculum on how to implement a smoke-free policy in multi-unit housing properties like apartments and condominiums. To learn more, visit <http://www.lung.org/our-initiatives/tobacco/smokefree-environments/multi-unit-housing/?referrer=https://www.google.com/>
 - **Implementation of Policies and Enforcement-** Best practices for implementation and enforcement of smoke-free policies are found in HUD's Smoke-Free Housing Toolkits at: <http://portal.hud.gov/hudportal/HUD?src=/smokefreetoolkits1>
 - **Implementation of Smoke-Free Policies-** Best practices and an action guide for establishing and implementing smoke-free public housing and multifamily properties are found at: <http://portal.hud.gov/hudportal/documents/huddoc?id=SFGuidanceManual.pdf>

- **Trainings for PHA's-** HUD is currently coordinating with other federal agencies and non-government organizations to provide technical assistance and trainings to PHA's in order to aid in implementing smoke-free policies and will be presented in the following formats;
Video, Printed materials and in person trainings

Other Statewide Resources.

Arkansas Tobacco Control Coalition website: www.cleartheairarkansas.com

Freedom From Smoking a program from the American Lung Association is a FREE 7 week program with Baptist Health - Baptist Health Training Facility, 900 John Barrow Road. For information call 501-202-1817.

Next Step is a program with Baptist Medical Center, University of Arkansas for Medical Sciences and CARTI designed to assist people who still need a group support to remain smoke free. Meetings are the 2nd Thursday each month at 6:00 at the Baptist Health Training Facility, 900 John Barrow Road. For information call 501-202-1817.

Better Breathers Club/ Little Rock with Baptist Health - 3rd Wednesday of the month at 1:00 in the Hickingbotham Outpatient Center, Women's Resource RM 2nd Floor, 9500 Kanis Road. For more information call 501-202-2682.

Better Breathers Club /Springhill Baptist Medical Center, North Little Rock - 2nd Thursday each month at 1:00 in the Conference RM #1, Ground Floor. For more information call 501-202-3436.

Hope Cancer Resource Center offers free tobacco cessation counseling from a Certified Tobacco Treatment Specialist for cancer patients, their families and caregivers in Washington, Benton, Carroll and Madison County. They also serve at-risk populations who may or may not have cancer, but desire to quit the use of tobacco. Hope Cancer Resources also provides free nicotine replacement therapies and financial assistance for prescribed medication to assist with quitting the use of tobacco. 5835 W. Sunset, Springdale, AR 72762 – 1-(479) 361-5847